Implementing Health in All Policies at Southampton City Council: Logic Model - Updated February 2023

Purpose	Implement a Health in All Policies approach to scale local progress towards improving population health and reducing health inequalities			
Stakeholders	Council teams and departments, Integrated Care Partnership, wider Wessex health partners, Universities			

Resources/Inputs	Activities	Outputs	Outcomes	Impact
What resources do we have available to us?	**What are we doing with the resources we have?**	**What products or services are achieved from the activities?**	**How will things change as a result of the outputs? Short Term**	**If benefits to participants are achieved, what happens? Long Term**

Financial
• Within existing budget
Resources
• Impetus of inclusion of HiAP in Corporate Plan
• National guidance, toolkits, case studies
• Resources and contacts from other local authorities
• LGA HiAP Network
• Existing health inequalities tools e.g. HIA, HEAT
• Stakeholder capacity
• Existing decision-making processes and SCC governance (including review/improvement)
People
• Task group
• DPH, Exec Director, Cabinet Member & CEO as promoters
• Stakeholder staff across all SCC Directorates (interested representatives)
• Wider Anchor Institution teams and leaders
	Project management
	• Fortnightly task group meetings
	• Communications planning and delivery
	• Delivery, oversight and monitoring
	Processes
	• Wider strategic visibility and leadership for HiAP
	• Evolving existing processes within policy and decision-making to embed consideration of health , including supporting effective cross-team working and transparency to inform decision making
	• Strengthening of health considerations in social value procurement
	• Creating a suite of supporting resources to support officers and teams to consider health needs and evidence
	• Building the evidence base and collecting examples of good practice to inspire
	Programmes
	• Use of tools, resources and cross-team expertise to inform programmes of work that have the potential to impact on health and health inequalities
	Strategic joint action
	• Use of tools, resources and cross-team expertise to inform programmes of work that have the potential to impact on health and health inequalities
	• Stakeholder mapping and programme of engagement events
	• Creating engagement materials
	• Identifying wider strategic areas that require greater depth of PH engagement
	• Fostering leadership to encourage and enable staff
		Project management
		• Monitoring outputs
		  o Quarterly Health and Care Strategy oversight
		  o Collection of good practice/success
		  o 12m report to DMT, CMB and HWBB
		• Scoping future phases of work and planning decision-making
		Processes
		• Revised SCC policy and decision-making process
		• Revised SCC ESIA and supporting resources
		• New SCC HIA process and supporting resources
		• Strengthened SCC and partner social value procurement process
		• Health in All Policies internal and external hubs with explainers, toolkits, case studies and supporting resources
		• Evaluation of the impact of decisions, including follow up of decision making assumptions (linked to HDRC)
		Programmes – phase 1
		• Strengthened health consideration in planning and development, and in particular the new draft Local Plan
		• Workplan to create an improved food environment
		• Strengthened health input into workplace wellbeing and good work including
		  o New resources and support for local businesses
		  o Annual Director of Public Health report 2022-23 on good work
		  o SCC workplace wellbeing and inclusion
		• Identification of health aspects of transport policy and procurement
		• Further programmes as identified e.g. housing
		Strategic joint action
		• Distributed strategic leadership to include health and health inequalities consideration in wider strategic activities and transformation in Southampton
		• New Tobacco Alcohol and Drugs Strategy that engages all directorates
		• HIOW ICB leadership to strength Health Anchors activity
			• Stakeholders understand the importance of health. They know where their own programmes and goals impact health and where health impacts their programmes and goals.
			• Stakeholders consider the health and health inequality impacts of their work, follow the process and use the tools and resources in programmes of work and strategic joint action
			• Shared goals are identified and cross-team working identifies additional opportunities and risks for health and health inequalities related to decisions, programmes of work or strategic joint action
			• Staff access and use the toolkits and supporting resources
			• New policies and programmes consider health
			• Strategic decisions are made with transparent visibility of opportunities or risks to health and wellbeing and any cross-team input that has informed these
			• Improved governance and decision-making that is documentable and more evidence-led
			• Successes are evidenced, celebrated and shared
				• More effective decision making and governance
				• Health outcomes indicators improve and health inequalities reduce
				• Measures of the wider determinants of health improve
				• Stakeholders' long-term targets are more likely to be achieved
				• Improved partnership and cross-team working supports staff and teams to deliver their roles and functions
				• Staff have a better shared understanding of other teams' work and this informs more effective action for Southampton residents
				• The knowledge and evidence base is grown, informing ongoing improvement

ASSUMPTIONS
There is sustained political and strategic commitment to embed health across all council workstreams, leading across teams and supporting change
The case and definitions used in the programme are understood and shared across teams and organisations.
Staff can understand, access and use the supporting resources to enable them to consider health in their work
The processes and tools to consider heath and health inequalities are part of good governance. The impact on staff capacity in delivery of core functions is minimal or l and re-couped at a later stage when HiAP benefits are achieved or decision-making more efficient
Consideration of health results in changes to policies and programmes that would otherwise not have happened

EXTERNAL FACTORS
Health and Care Partnership Board governance is required to oversee delivery of the Health and Care Strategy, including bringing about HiAP changes
Impact of multiple competing priorities could impact on strategic bandwidth or capacity reduction across teams
Staff turnover or change could impact on sustained leadership and championing across different teams or organisations.